

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10560065

FILED DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
2		/		/		/
3		/		/		/
4		/		/		/
5		/		/		/
6		/		/		/
7		/		/		/
8		/		/		/
9		/		/		/
10		/		/		/
11		/		/		/
12		/		/		/
13		/		/		/
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17		/		/		/
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19		/		/		/
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35		/		/		/
36		/		/		/
37		/		/		/
38		/		/		/
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40		/		/		/
41		/		/		/
42		/		/		/
43		/		/		/
44		/		/		/
45		/		/		/
46		/		/		/
47		/		/		/
48		/		/		/
49		/		/		/
50		/		/		/
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/		/		/
52		/		/		/
53		/		/		/
54		/		/		/
55		/		/		/
56		/		/		/
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58		/		/		/
59		/		/		/
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61		/		/		/
62		/		/		/
63		/		/		/
64		/		/		/
65		/		/		/
66		/		/		/
67		/		/		/
68		/		/		/
69		/		/		/
70		/		/		/
71		/		/		/
72		/		/		/
73		/		/		/
74		/		/		/
75		/		/		/
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82		/		/		/
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96		/		/		/
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99		/		/		/
100		/		/		/
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						